P190000 20840

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

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		<u>COVER'LETTER</u>		The second secon
TO: Amendment So Division of Co			` .	
	C & E CUSTOM	PAINTING INC		
NAME OF CORPO	ORATION: P19000020840	<u> </u>	.	1
DOCUMENT NUM				<i>5,4</i> €
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		
	CARLOS LOPEZ			
		Name of Contact Persor	1	_
	5310 26TH ST W APT 904	Firm/ Company		-
	BRADENTON FL 34207	Address		-
		City/ State and Zip Code	2	_
R	EYDELOSCIELOS685@GM	IAIL.COM		
_	E-mail address:	(to be used for future annua	report notification)	
For further informat	ion concerning this matter, plea	se call:		
CARLOS LOPEZ		941 at (893 0229	
Nam	e of Contact Person		de & Daytime Telephone Numbe	<u></u>
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>M</u>	Mailing Address		Address	
	mendment Section ivision of Corporations		ment Section n of Corporations	
,-		17171310	o or confinantions	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

C & E CUSTOM PAINTING INC

					∕ ′.
(Name of Corporation as currently	r filed with the Flo	<u>rida Dept. of State</u>)	**	
P19000020840					
(Document Number	of Corporation (if)	(nown)			Ţ
,	•				6. C
Pursuant to the provisions of section 607.1006, Flor	rida Statutes, this c	orporation adopts t	he following a	mendment(s) t	o itš Articles
Incorporation:					
A. If amending name, enter the new name of the	corporation:				
				T	he new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "C	o". A professional		" or the abbi	reviation
tora unarterea, projessional association, or o					
B. Enter new principal office address, if application			. <u> </u>		
Principal office address <u>MUST BE A STREET A</u>	DDRESS)				
			<u> </u>		
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)				
					
				.	
				<u> </u>	
D. If amending the registered agent and/or regis		ss in Florida, enter	the name of	<u>the</u>	
new registered agent and/or the new register	eu omice audress:				
Name of New Registered Agent					
	(Florida str	eet address)			
New Registered Office Address:			. Florida		
New Negimerea Copine maneros.	(Citv)		, 1 1011da	(Zip Code)	
	•			•	
New Registered Agent's Signature, if changing I	Registered Agent:				
l hereby accept the appointment as registered agen		ith and accept the o	bligations of th	he position.	
Signature of	f New Registered Ag	gent, if changing			
	• • • • • • • • • • • • • • • • • • • •	, , , ,			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hold. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change	D 		KIMBERLY CACERES	5310 26TH ST W APT 2002
X Remove				
2) Change		_		
Add				
Remove				
3)Change				
Add Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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			_
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lf an amendment provides for an exch	ange, reclassification, or ca	ancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in t	the amendment itself:	
			_

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 05 14	2019	
Signature	July /	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	P.	
	(Title of person signing)	